FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Name an Hussey		2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN]									eck all a Dir	hip of Reportir pplicable) ector icer (give title	ng Person(s) to I						
(Last) (First) (Middle) 550 WEST VAN BUREN						3. Date of Earliest Transaction (Month/Day/Year) 03/28/2016									X bel				
(Street) CHICAGO IL 60607 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Fo Fo	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Nor	n-Deriva	ative	Sec	uritie	s Acq	uired,	Dis	posed o	f, or I	3ene	eficial	ly Owi	ned			
1. Title of Security (Instr. 3) 2. Tran Date (Montr					Day/Year) Execu			A. Deemed kecution Date, any lonth/Day/Year)				ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (D	or	Price	Tran	saction(s) r. 3 and 4)		(11150.4)		
Common	/2016	2016			S ⁽¹⁾		700		D	\$55.4	(2)	27,452	D						
Common	Stock			03/28	/2016		s ⁽¹⁾ 300 D \$56.2 ⁽³⁾ 27,152 D												
		Та									sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		ransaction ode (Instr.		of		xercis n Date ay/Ye		7. Title and Amount of Securities Underlying Derivative Security (Insand 4)		5 (. Price of Perivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or	ount nber res					

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$54.95 to \$55.86. The undersigned undertakes to provide Huron Consulting Group Inc. ("Huron"), any security holder of Huron or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$55.95 to \$56.33. The undersigned undertakes to provide Huron any security holder of Huron or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) to this Form 4.

/s/ Diane E. Ratekin, Attorneyin-Fact 03/30/2016

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.